



STATE OF TENNESSEE
ALCOHOLIC BEVERAGE COMMISSION

Davy Crockett Tower
500 James Robertson Pkwy., 3rd Floor
Nashville, TN 37243
615-741-1602

www.tn.gov/abc

4420 Whittle Springs Road
Knoxville, TN 37917
865-594-6342

One Commerce Square
40 South Main Street
4th Floor, Suite 415
Memphis TN 38103
901-543-7284

540 McCallie Avenue, Suite 341
Chattanooga, TN 37402-2055
423-634-6434



DIRECT SHIPPER LICENSE APPLICATION

Each item must be fully answered. Type or print in ink.

☐ NEW

☐ RENEWAL

If renewal, enter License No. _____

Date: _____

Name of Corp/Owner _____ Phone _____

Business Name _____

Winery Address _____

City _____ State _____ County _____ Zip _____

Mailing Address _____

City _____ State _____ County _____ Zip _____

Phone _____ Website _____

Contact Person _____ Email _____

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1. Do you have a federal basic permit pursuant to the Federal Alcohol Administration Act? _____
Attach a copy of your permit to this application.
 2. Are you in the business of manufacturing, bottling or rectifying wine? _____
 3. Will you contract only with common carriers which agree that any delivery of wine, made in Tennessee, shall be by face-to-face delivery and that deliveries will only be made to individuals who demonstrate that such individuals are over the age of twenty-one (21) years, and which individuals sign upon receipt of such wine? _____
 4. Do you acknowledge that as a direct shipper you may not ship more than a total of nine (9) liters of wine to any individual during any calendar month nor shall such shipper ship more than twenty-seven (27) liters of wine to any individual in any calendar year? _____
 5. Do you acknowledge that any shipment of wine by a licensed direct shipper shall be made only in containers which clearly indicate on the exterior of the container, visible to a person at least three feet (3'), that the container "CONTAINS ALCOHOL: SIGNATURE OF PERSON AGE 21 OR OLDER REQUIRED FOR DELIVERY?" _____
 6. Do you acknowledge that licensed direct shippers are responsible for remitting all sales taxes due to the State of Tennessee resulting from any sales made pursuant to the Tennessee direct shipper license? _____
 7. Do you acknowledge that licensed direct shippers are responsible for remitting gallonage taxes as imposed by Tenn. Code Ann. § 57-3-302? _____

8. Do you acknowledge that licensed direct shippers shall provide to the Commission, upon request and under penalty of perjury, a list of any wine shipped to an address within Tennessee, including the addressee? _____
9. Do you have any direct or indirect interest in any business holding a manufacturer, distiller, wholesaler, retailer, winery, or liquor-by-the-drink license issued by the Tennessee Alcoholic Beverage Commission? _____ If so, identify the licensee by name, address and license number. _____
11. Do you have a Tennessee issued non-resident seller's permit? _____ If so, please provide the permit number. _____
12. Are you a U.S. Citizen: Yes*_____ No*_____ * **Must complete Declaration of Citizenship, form AB-0116**

*** "THE ACCEPTANCE OF FEES DOES NOT GUARANTEE THE ISSUANCE OF A LICENSE OR PERMIT" ***

WARNING: "YOUR STATEMENT IS MADE UNDER OATH OR AFFIRMATION. PROVIDING OR INCOMPLETE INFORMATION ARE GROUNDS FOR REJECTION OF APPLICATION OR SUSPENSION OR REVOCATION OF PERMIT IF ISSUED. FALSE STATEMENTS OR INCOMPLETE INFORMATION ARE ALSO SUBJECT TO THE PENALTIES OF PERJURY UNDER TENNESSEE LAW"

Print Name of Applicant

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public

My Commission Expires _____

CONSENT TO JURISDICTION AND VENUE (MUST BE COMPLETED)

I, _____, on behalf of the above listed applicant, hereby consent to jurisdiction and venue of all actions brought before the Commission, any state agency or the courts of Tennessee, such that any and all hearings, appeals and other matters relating to my direct shipper license, if issued, shall be held in the State of Tennessee.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public

My Commission Expires _____

All data, written statements, affidavits, evidence or other documents submitted in support hereof,
or upon bearing hereon, shall be deemed to be a part of this application.

For TABC Validation ONLY

The State of Tennessee and the Tennessee Alcoholic Beverage Commission are Equal Opportunity Employers. Discrimination, in any of its practices, which is based on age, race, sex, color, religion, national origin, disabling condition or any other nonmerit factor is prohibited. Thus, the Tennessee Alcoholic Beverage Commission is an equal opportunity, equal access, affirmative action public entity.

FOR ADDITIONAL INFORMATION:

Contact the agency ADA Coordinator for this state agency: Assistant Director at 615-741-1602 or the Tennessee Office of Americans with Disabilities, Department of Personnel. Alternate formats of this notice are available on request.